transparency of, he's not a White House spy, he's not checking on anything else except to make sure that we're doing the things that will intersect with those Veterans leaving service. And if you heard his story, he was one of those Veterans that they missed, and he was just very lucky because he had a great support group.

Anything else for any other subject matter at this point? Yes?

DR. JONAS: Are we able to commission white papers? You know, when the National Academy does one of these things, they commission a white paper with all the background information we've heard about for this thing. Are we able to do that? If we wanted a subject matter expert to give more than a phone call or testimony, could we say we want you, so-and-so in Arizona, just making this up right now, we want you to help come in and tell us how you have structured your model so that you can access mental health services effectively, what does that look like?

MS. WHITEHEAD: So calling in an expert to bring in --

DR. JONAS: Either in or out of VA.

MS. WHITEHEAD: Yes, so you can call in an expert in a subcommittee meeting.

DR. JONAS: So what I'm asking is can we ask them to commission a white paper that --

MS. WHITEHEAD: I don't --

DR. JONAS: -- actually describes this in a way that we're interested in within the document --

MS. WHITEHEAD: I don't know --

MS. DICKSON: You can ask someone to do it. I don't know that you can say you're going to do it.

MS. WHITEHEAD: I owe you an answer on that.

DR. MURPHY: I think it's also possible for public commenters to provide you with reports and papers that they already have.

DR. JONAS: I would be looking at a

new one, particularly after what she just said, your sort of characterization of the first three components, I agree with you completely about two and three. I read the first one a little bit differently. I don't actually think it's what they spoke to us about today. I think they spoke to us about how they do two and three. But when it comes to what does it actually look like, it's a structural issue. The structural issues aren't just in five.

CHAIR LEINENKUGEL: Are you talking model?

DR. JONAS: You're talking about a model, right, and it has to be simple enough for people to understand it and do something with it, but it has to be comprehensive enough that it isn't just one single thing that addresses one item. And so I think that's a bit complex, and if we are talking about whole-person care and if we believe that whole-person model is something that needs to be brought in because it's not done very well now, then

that's what how I read that number one We may actually need to explore what are the effective models out there and outside the VA and say, hey, here's the one that looks like it was effective.

So this on that end, especially with this business model, then we could help, you know, the VA say, okay, here's the framework that we would like to see this happening going forward that is different than just the usual, you know, things as usual. We know there's inefficiencies here, but we can't see that.

CHAIR LEINENKUGEL: And I think what you're asking is shouldn't the Commission possibly make a recommendation for a different model?

DR. JONAS: That's exactly what I'm trying to say.

DR. MURPHY: So I think you've kind of heard a complete description of --

CHAIR LEINENKUGEL: You need to talk right into your --

DR. MURPHY: Sorry. It went back off. So I don't think you've heard a decision of VA's Evidence Based Model yet. What you heard about today was the clinical practice guidelines and the role they play in determining what has an evidence base. You haven't heard a complete description of the mental health integration in primary care, how that links to general mental health clinics and specialty mental health and the residential rehabilitation programs and inpatient programs. That's what Dave Carroll is going to walk you through. So I think you'll hear the big-picture model and how VA organizes its mental healthcare at your next meeting.

CHAIR LEINENKUGEL: Thank you, because Dave Carroll is over in Germany enjoying himself right now, and he's absolutely tremendous and he's a huge resource for the VA and for us in mental healthcare. But that does not stop us from testing his model and interacting, once we hear it described to us,

and he will do it in a way that each of us will understand it. We may not agree with it, but that's the time to raise it. Yes, I forgot all about Dave Carroll being on. He would have been at this meeting.

MS. HICKMAN: He is on for a full-focus level of mental health and he's also sitting on a panel we're having that afternoon that will have mental health, whole health, research, pain, and CARA, for our afternoon panel session.

CHAIR LEINENKUGEL: You're getting ahead of me.

MS. HICKMAN: I'm sorry.

CHAIR LEINENKUGEL: No, that's great I wanted you to end with what's happening in August. Maybe you're just beating us to the end of the meeting.

MS. HICKMAN: But I also just want to get something, again, in reference to your question, where you can, the departments or agencies in the federal government that you

consider necessary to carry out their duties, also non-governmental organizations in carrying out their duties. So it looks like, yes, it doesn't specifically state you can't do that. I can run it by ACMO just to be safe, but this gives us the latitude to look at what private sector has, what another agency has, and --

MS. ENGILES: And the Commission on Care, in the subcommittee meetings but also in the formal committee full meetings, public meetings, we had people come in from the other agencies, we had people come in from private sector, to, you know, provide data.

DR. KHAN: So is there any literature available on that efficacy model, the one that we are thinking they're going to tell us in August? Is there any literature available on that?

CHAIR LEINENKUGEL: Are you talking about the executive order?

DR. KHAN: You just mentioned -- I'm sorry. What you just mentioned that he's going

to come in August to brief us on, my question is there has to be literature available. If we can have access to that literature --

CHAIR LEINENKUGEL: For Dave Carroll's briefing.

MS. HICKMAN: We don't have any of the briefings yet available for that, but as soon as they, like, all of them have responded and then what we're working with them on now is any articles that they want to try, as well as their briefings. The briefings we usually get, like, a week before, sometimes the day before. But any articles that are out there we'll also expose online.

DR. POLLACK: We have and also Shira should have access to it and certainly share it with the Committee something called the Uniform Mental Health Services Handbook which lays out all of the mental healthcare, the policy of what mental health services the VA offers at each of our sites and at each of our CBOCs. And that is a published policy.

We also have a fact sheet, like a 20-something page fact sheet that really discusses all of our current mental health programs that could also be sent out before any meetings.

MS. HICKMAN: Okay. Yes, anything that we get, you know, for instance, like that first binder that we sent you were all a bunch of articles basically that some of the speakers had sent us early on and said, if they read these, it kind of gets them into the know of what we're going to discuss. And these individuals will do the same thing, so everything that we get we'll load on MAX. Chris will make sure that you guys are all --

MS. DICKSON: Yes, Stacey said she'd forward it to me, and I could get it loaded up on MAX.

MS. ENGILES: And Yessie was just pointing out that we put in the pre-read handbook.

DR. MAGUEN: Yes, I was going to say

that. Right. It was in the binder of things. It's one of the --

MS. HICKMAN: The first binder that we sent out?

DR. MAGUEN: Yes, the first binder that went out. Yes, it was in there.

CHAIR LEINENKUGEL: Let's be more prescriptive with all presenters, speakers, panelists that we request information of. Let's go out, Sheila, and say that two weeks prior to the meeting we need your presentation or any further back-up materials that you have for the commissioners presented so they can be put and placed on MAX so that we can have ample time to read and make any questions and queries so that we come to the meetings much more prepared, rather than to be lectured, that we spend more time asking the appropriate questions, rather than thinking about them during the presentation time. That would make it much easier.

Plus, we need to be prescriptive

again because VHA, I always say VHA just has always been the last minute. And I would think that in most cases that we saw this week or the 48 hours before that they were the late ones. So let's start to at least see how they respond to that, and that would be something that would be corrected by the new acting USH and Chief of Staff. Okay?

DR. BEEMAN: Jake, just a comment as I'm thinking through this. I'm wondering if we have information from other nations. We have this unique problem in the military that's very hard to compare it with the civilian world, right? If you say we have less suicides in the civilian sphere, well, so what? Because there's a bunch of suicides.

The thing that I would see as curious, this is a response to a perceived problem, right? We had an increase in suicides and mental health issues in our military personnel. Does any other nation that's an allied nation, for example the UK, Canada,

that's sent people to war have the same problem and how did they respond and do we have data that says our model is working better on a percentage basis, we're better off, and this model is working, or they've got a different model that we should be looking at? Because it's really hard to say what we're doing at Penn is better than this because we're dealing with an entirely different kind of population.

CHAIR LEINENKUGEL: That's real interesting. If and when you bring in the Veteran cannabis group, not advocating, but one of the first things that they will tell you is the research that they've obtained from the UK, from Canada, and from Israel, and how complete an exact it is over a longer period of time than the U.S. in most cases. And then using different modalities of treatment using either oil or cannabis, and the success rate of what they term longer-term care of the Veteran's mind. You'd have to see that to believe it, and, again, would you believe it? I was blown

away that they had that much information, and it was dealing with their armed services people that deployed to the same places that ours did, except for Israel. Israel's was taken more from the daily ongoing modality that they're under, which is a war environment and a terror environment.

So when your treatment of PTSD, they had that sorted out before we did and treated differently and with some of the same practices that you saw up there, as well. But they, for some reason, found much more reason to take cannabis and cannabinoid oils to a further legal way for their Veterans, not for recreation but for usage of the Veterans. So it was a wake-up call for me personally, and so you might want to touch that group.

But I think that's a great question, are there other countries that have other evidentiary materials that we're unaware of? And I would imagine that there is.

COLONEL AMIDON: On that note, Mr.

Chair, I think we should remember also that there's H.R. 5520, which is the 2017 Cannabis Research Act, which is a bill right now which we might want to refer to as we articulate a vision with cannabis bills.

Additionally, I don't know if it still exists, but Warrior Care Policy in the 21st Century was an international coalition examining just that in DoD ran by James Rodriguez, thusly retired. If it still exists, it's an interface to the 21 coalition nations, 17 maybe, aligned with the Invictus Foundation, and they're examining exactly that.

DR. KHAN: So just to share with you, just to share with you the culture of those nations, especially England, British, is far, far different than the way we leave. Their family structures are much stronger. They have this mental health issue before the person puts on the uniform, and you don't hear in any BBC news about suicide. You hear of terrorist attacks, but you don't hear any

suicide. You don't hear from Israelis, I can understand them, you know, the pressure they're under. Look at Iran.

There's a simple solution. If somebody commits a suicide, they take the whole family out. Okay. You don't have to read about it. But that's a culture. That's the culture.

CHAIR LEINENKUGEL: Yes, I think you're right. It's something that we, as American society right now, we think so internally, it's just us, and thanks for being the one, Tom, to bring it out, but I think it opens the door that we need to look outside our borders for what's happening. Wayne already said something that NATO has already done. Matt has brought up a couple of things, one that I was not aware of.

But, again, we as commissioners, have not only ourselves for resources but we have all of these folks to query to and we need to get used to that, saying, hey, can you find

out, first of all, what other countries have done? Okay. That would be one of my questions I'd leave with them. I know I'm going to ask them to do a couple of things in the next 30 days for my points that I have.

COLONEL AMIDON: On that note, as well, for the Co-Chair, we agree that this is a universal global issue, not so specific to each nation. There are certainly slight variances. There are some who say the UK has a drinking problem, and we have an anxiety problem.

But with that, I would recommend to you the Forces in Mind Trust at King's College in London run by Dr. Neil Greenberg. It's sort of their leading advocacy body for any and all things we're talking about.

DR. BEEMAN: You know, a Brit sent us that, too, which has created some of the problems we have right now.

CHAIR LEINENKUGEL: Thanks again, Tom. This has been very helpful, I think for all of us, at least getting a standard

operating model of how we're going to interact and act and certainly the protocols going forward. I think we're going to be a very comfortable group, yet an enlightening group for the VA and for people that are working within the VA right now but also the Veteran system, whether they use VA or not VA.

I think that now is going to be the time with the new EO coming out, if, in fact, it is the latter, my last hearing a month ago was, Shira, I immediately said the latter. It may have changed. I mean, it changes all the time, but I know the President was adamant that every single transitioning Veteran was going to have that care available to them, regardless if he went to the private sector and got a great health plan. They could either opt-in or out of the VA. It would be their choice.

And the other question you should be thinking about is can the VA handle that? And that's the unknown right now, and so I would think that Dr. Carroll, he's been working on

the fringes of this with the White House, as he should be, right? And we'll ask him in August is the VA prepared for this, and I can tell you right now, from what you all heard about the IT situation and how messed up that is, when VA and DoD cannot talk directly to each other or transfer records on a simplistic basis, you know that there's going to be hiccups in this launch. And I hope that they're not big enough where they would be embarrassing.

But my worst fear is no different than today's enrollment process. Some Veterans just cannot, do not know how to enroll in the VA. It's that simple.

So, I mean, we need to culturally make this -- people don't like when I do this, but that goofy easy button, remember that red button? I said the VA should be an easy button, and it's far from that. It's very complex. It's bureaucratic. It's slow. We're not responsive. I'm talking a directional leadership end, you can go into the Minneapolis

VA and I could be enrolled today. They have three VSOs on site at all times wearing a red vest, and they have a patient advocate on site not only for incoming patients but outgoing patients, such as how as your care today, did you see the primary doctor that you were listed for, were you happy with the results? And now that is supposedly going into Medallia supposedly. Lynda Davis will tell us. And then you can go to another VA and see nobody except an angry person behind the window. I hate saying that, but I've been told that. Hampton, Virginia. The angry person at the window, no VSOs.

So consistency. I think we heard that, as well. I mean, the incoming secretary has got some huge hurdles ahead, and what we're trying to do is make it a better modeled system, I think, for mental healthcare for Veterans, our recommendations how to do that.

There's no doubt in my mind we're going to do it. It will be different. And I

honestly think by the end of this 18-month period I'd be shocked if there were not major changes within the VA structure itself on how they operate. The ongoing operating model, I think, at the VA is going to finally change. We use the term modernization and streamlining, and it's going to take probably ten years. It will take as long as it will for EHR, and that's how long EHR is going to take, eight to ten years.

So enough of my pontification about what's happening, but I firmly believe there's going to be some broad-stroke changes coming in the right direction. Bigger, bolder, faster. Whether or not a bureaucratic system can handle it remains to be seen.

That said, is there anything else for the good of the order before I turn it over to Sheila and final instructions and a little peek under the tent as for August? Yes?

MR. ROSE: Just one thing on the pieces of information that we brought up. Will

we be sent those out email or pick them up? How are we going to get this stuff?

MS. HICKMAN: If there is anything that we picked up that looks like information that you've requested, we're going to start loading it on MAX, which is why Kris will start getting in touch with you and make sure that all of you have your access and your passwords. We'll start loading it there. It will make it much simpler, and everyone will have that access.

MR. ROSE: Thank you.

MS. HICKMAN: And we've captured, Yessie, there's probably over a hundred things.

CHAIR LEINENKUGEL: Well, should we stay around for 40 more?

MS. HICKMAN: We've been trying to capture everything that you're asking for or information that we know that we need to, you know, find differently or whatever. We'll get through that.

CHAIR LEINENKUGEL: Let me ask,

before you start, Sheila, with an overview of August, something that's never been asked before. I'm going to ask the support people align your opinions briefly on what you thought of the session. Uh-oh, I have to speak? That includes you two ladies over there, too. I mean, how do you think that this commission is going to do? How do you think the first two days went?

COLONEL AMIDON: I second that motion, Mr. Chair.

MS. DICKSON: I thought it went great. I thought the enthusiasm of the commissioners and how engaged and how committed you all are to the effort was very impressive, and it makes me feel great about what we're doing.

MS. DICKSON: In my opinion was the presentations were very high level, I don't think it got very granular, and I think that there's a lot of work to be done and I was really optimistic yesterday to see how involved

you guys were and the questions that you asked already at a higher-level presentation. So I'm very optimistic. Even though I'm going to have surgery, I totally want to be here. But it was an honor to meet all of you and even some of the support group. It's a great team, and I think --

CHAIR LEINENKUGEL: And good luck to you. How long is rehabilitation?

MS. DICKSON: Just a six-week. Lots of marijuana.

(Laughter.)

CHAIR LEINENKUGEL: Off the record. Anybody else?

(Laughter.)

MS. ENGILES: Just in comparison to supporting the Commission on Care, there are already many steps that headed where they were. The engagement by the commissioners was really encouraging. And I think just your enthusiasm to set up subcommittees and to do that work and just the questions you're asking is really

impressive, so I'm excited to move forward.

MS. WHITEHEAD: Yes, I would say similar to what everyone else has said. I'd agree with that. I think the diversity in background, as well, has been really good to hear, and I fully agree about the questions that have been very, all of the great questions you all are asking, some of which we don't have the answers to right now, so I think we definitely have our work cut out for us.

CHAIR LEINENKUGEL: It's good you don't have all the answers. That means they were good questions.

DR. POLLACK: You know, I would also sort of reiterate what everyone else has said. I think, going back, we have a lot of work to do. I wish Dave had been able to be here, he's on vacation, so that you guys could hear what we are doing.

CHAIR LEINENKUGEL: He's drinking beer in Germany.

DR. POLLACK: Because, you know, I

hope you guys, when you hear what we're doing, will be impressed about how comprehensive our current system really is.

MS. CASTILLO: I echo everything else that's been said. I look forward to diving into some details, especially helping lead the survey and get it out. I'm ready. So I think the information that you were requesting, a lot of that has already been gathered and, as you heard, will be shared shortly. So I know there's a lot of work to be done, especially in a short time frame, but I'm just very happy to be part of the support team in supporting the Commission. And, again, what everybody else said, I'm just really happy to see how proactive everyone has been and vocal and really participating right from the beginning.

MS. BEATTIE: Considering this was like drinking from a fire hose for two days, I think it's amazing how many decisions and directions we've sort of narrowed it down to.

The American Psychological Association came out with their guidelines, and that took five years.

CHAIR LEINENKUGEL: Fran, we've heard enough from you already.

DR. MURPHY: I think you're right.

CHAIR LEINENKUGEL: Thanks for putting such a great support together. Thanks for everything that you provided today and yesterday and will continue to do going forward. The two ladies at the far end, any comment?

MS. CARRION: Well, I do have to say that I was kind of worried because I'm the one on operations and I just wanted everything to run smoothly, and it did. We ran out of coffee too soon apparently, but I think it's gone well. Hopefully, by the next meeting we'll have a bit more extra candies or something around.

CHAIR LEINENKUGEL: Chocolate.

DR. KHAN: Chocolate and root beer.

DR. JONAS: I'm so glad you

mentioned coffee and bathroom breaks.

MS. WHITEHEAD: I was going to say that some of my feedback, too, was the need for the breaks. I was going to go back to my own team. Some of the experiential pieces that we had talked about, this is my own sort of opinion, but I like the movement breaks, you know, little things like that.

DR. JONAS: So we're going to do mini-yoga breaks.

DR. BEEMAN: We laugh about that, but Alison is capable of doing some really neat things in a short amount of time, so I will ask Alison to bring a couple of those for August. How's that? And we're all going to really enjoy them or fall asleep because you're so relaxed.

CHAIR LEINENKUGEL: Let's take a five-minute break and then we will go on a break because certain people aren't --

DR. BEEMAN: Could I also ask that, instead of having signs that say commission

staff, we have your name? It would just really be helpful. You know, it just, it depersonalizes everybody when it just says staff.

DR. MAGUEN: I will also just add to that I, in addition to sort of you guys appreciating like the breadth that we bring, I am really appreciative for the breadth that you all bring because it's incredible. You're from so many different offices and have so many different experiences, so I feel really good about the work that we're going to do because I know that you have our backs, too.

CHAIR LEINENKUGEL: Five-minute break. (Whereupon, the above-entitled matter went off the record at 3:21 p.m. and went back on the record at 3:35 p.m.)

CHAIR LEINENKUGEL: Sheila will present a peek for August, and also we need to discuss October.

MS. HICKMAN: Okay, just real quickly. I know you have the dates for August,

August 21 and 22. That'll be at the JW Marriott here in D.C. again. And we'll be providing the information. We've got the conference packet that we're putting together right now.

Thirty days is a really quick time frame to try to get all of the pieces -- the back pieces together to get you guys here. But the conference packet is working. The Federal Register notice has already been sent to ACMO so that they can work that with OGC. And that has to get posted. So there's a lot of all those fact things that have to get done.

I have though sent out, like, a request to about ten people. Seven of them responded that they are going to be here. And actually, I'm thinking seven is probably a good number because what we did come out of, of this, is that we all agreed there is not enough question and answer time. And so that's probably what was taking us off the whole time. So we want to add a little bit more extra time

for questions and answers.

Day one will be completely open. So it won't be any orientation things or such going on. Tom Harvey, if his 450 is accepted, we'll do Tom, basically a phone call, and get him all straight, and he should be able to join the Commission by then. But it's completely open, so everything is on the record again.

Day two, we left a little bit of closed time, about two hours at the end. But otherwise, again, full of briefings. So this is briefings on two days to get us into a deeper level of what's going on in VA. So it's also talking about research. It's the full scope of mental health. The panel that we're putting together is specifically for you all to look and say, what do we want these guys to tell us, because you've got the heavy hitters sitting on that panel.

CHAIR LEINENKUGEL: Can you provide the names?

MS. HICKMAN: Yes, Dave Carroll,

Tracy Gaudet, Lou -- not Lou Meyer -- Larry Meyer, Ben Kligler. And I think there's one -- we didn't get a response back from him. We've got one more person that we're trying to get a response back from. But that's a really heavy hitting group. So think about that.

What I will do is start sending out bios so that you see where they come from and you've got some information on them. And then I'll just give you a little bit of where they're coming from inside of VA so that you can start kind of putting your questions together on what do I want to ask these folks? Because I'm only going to ask them to give about five minutes of their little piece before you do the panel.

Now you'll have heard Larry because he's coming in. He's going to talk to you about the full scope of CARA and where it carves out into the 931. But he's going to let you know how big that is across VA, and it's information that you also want to know. How

big is it across VA? What's it touching, and where are those legs intersecting with other pieces of the legislation?

Dave Carroll, like I said, the full scope of mental health, he's going to bring that to you. Pain management, that piece of it's coming in to you.

Research, we've got two experts that we're bringing in. And I don't have the names with me because I couldn't -- my computer, but again, talking about research that's ongoing.

If you also look at that Excel spreadsheet that's in your binder, Alison put that together for us so that you can see all of VHA under the VISNs and the hospitals. And it lists out where the flagship sites are.

And as we get more information, like MRCs or anything like that, we're going to completely fill that out. And that'll be another document that we'll put on MAX so you'll always have that available to you. But it's good information because you know it'll

tell you what's going on at some of the sites that you may not know. And then if you've got questions about it, please feel free to ask us those questions.

And then, like I said, those heavy hitters will have their one-on-one brief and then we'll bring them into the panel. And that's time -- like, hit them and hit them hard on the areas, especially that you're responsible for or covering. But get all the questions out and think about those before you walk in. I would just suggest that.

And then, like I said, day two will be coming together, having more briefings, and then about two hours of this sort of session going on. What do we need to think of? What did we get from today? Where do we think we need to go from there?

I would tell you if you need to start a subcommittee any time prior to that, send me the names of the individuals so I can get those letters prepped and get them signed

so that we've got those subcommittees formed.

If there are subcommittees -- for instance, Shira may know some experts in the field that she's in that may contribute to one of these five areas. If we need to create another subcommittee or something that may be under yours and Jake's purview and she knows these experts and they're willing to sit as a subcommittee, let know because then we'll put them on another subcommittee. So you'll have that available to you. They may just pull research. They may just pull mental health information. But it's something to look at.

We'll put together a one-pager basically to send you out on subcommittees so that you have a lot more information. But you know how to reach us, so feel free to do that anytime because we want to make sure that you're successful in whatever you need to get out there and do.

So that's August. Does anyone have any questions about August? Okay.

Two things then, housekeeping items. Make sure you hand in your badge. We are recycling because we can save money that way. Hilton, if you want to let the front desk know that if you add Laura McMahon and that's her VA, then Laura will get a copy of the hotel bill and you won't need to send it to her. She'll just get that copy. And then when she does -- is that right?

MS. MCMAHON: Yes, so you can have Hilton email me the receipt, or you could take the receipt and batch them together. So I'll need all of your receipts, your taxis, your baggage claims, your parking, I mean, at the airport, everything. So if you want to have Hilton send it, that's great. But if you want to batch them, that's good as well.

MS. HICKMAN: Right. And if you batch them, remember try to get them to her within five days so that she can get you cleared from there and your reimbursements back for wherever you had to pay.

As soon as we get the conference package finished and signed and approved, you will get the ITT. Once that ITT is done, we'll send out the information about the hotels and how to book those and where to book them and everything. It'll come out basically the same as you got this time, just at a different location.

We are going to be able to hold the conference meetings within the hotel, so we won't have to go up to National Press. They're finished with their construction. So we're good on that.

And so let me see. Meal receipts, yes, we don't need meal receipts. And then if you're unable to carry your binders back, just let us know. And we'll bring it over to our office, and we'll get it mailed out to you. I know how heavy they can be, and some people probably just -- like, poor Tom Harvey walked out with a plastic bag, saying, oh, I'll carry it myself. But if you can't, if you just came

in with just enough in your carry on, then please just let us know. We don't want an inconvenience you.

Your August travel preference, if you have not done a preference sheet for Kris yet --

MS. DICKSON: I have it. I haven't mailed them out yet. They'll get them on Friday.

MS. HICKMAN: Well, but some of the information, like --

MS. DICKSON: Well, I mean, we know general stuff --

MS. HICKMAN: Yes, yes.

MS. DICKSON: -- but, like, for this particular meeting --

MS. HICKMAN: Right.

MS. DICKSON: -- what day you want to, you know --

(Simultaneous speaking.)

MS. HICKMAN: And if you haven't traveled and filled out that travel form that

Kris sends out and gets your TSA, your aisle seat, your whatever so that she knows what your preferences are, make sure that you talk to Kris because she'll you'll want you to fill that out.

Because when Laura goes in and does all the travel, then she tries to make sure that you have row 5, seat, window, or whatever. As close as she can get to that, she wants to do that. So if you haven't filled that out, make sure we know about it.

Again, you're going to be hearing about MAX.gov, and we will let you know when everything is loaded. But Kris is going to be reaching out to you almost immediately and getting you onto that.

Laura, do you have anything to add for travel --

MS. MCMAHON: No, other than it must be the end of the day. And if your eyes are blurry, I made my email address really, really big.

MS. HICKMAN: And I think that's the last one in housekeeping. The only decision that we need today -- and we don't have to be a quorum as the staff -- is where October is going to be held because we need to start locking in space and hotels.

MS. DICKSON: There's a spreadsheet in your notebook under the VHA section. It has those flagship sites listed, and you might want to look through those and see if any of that looks like where you might want to go there.

(Simultaneous speaking.)

MS. HICKMAN: And that's one of the reasons that we put that is because it may be something you want to go out and you want to see which of those flagship sites are great sites.

MS. DICKSON: Those are under Section O -- yes, O.

DR. BEEMAN: If there's anything on the West Coast -- well, really I know -- Shira, but also me. I have a speaking engagement at a

national conference on the 14th and 15th of October. So if we were out that way, it's in California, it would be easier for me to, I think, get here.

CHAIR LEINENKUGEL: So what you're saying is you would gladly stay out there an extra week on the West Coast waiting for --

DR. BEEMAN: It's not a week --

CHAIR LEINENKUGEL: Since you're already out there.

DR. BEEMAN: Is it -- I thought it was the --

CHAIR LEINENKUGEL: The 20th.

DR. BEEMAN: Oh, it's the 20th?

CHAIR LEINENKUGEL: The 21st, 22nd.

DR. BEEMAN: No, I was thinking October.

CHAIR LEINENKUGEL: Oh, I'm sorry. I'm still in August.

(Simultaneous speaking.)

MS. HICKMAN: It's the 16th and 17th.

DR. BEEMAN: Yes, October, that's what I was talking about because I thought we had already decided it's going to be in D.C. on --

MS. HICKMAN: We are in D.C. in August, yes.

DR. BEEMAN: But I would take one for the team, Jake, if that's what --

(Laughter.)

CHAIR LEINENKUGEL: No, no. I was in August looking -- I'm going, you're going to wait a whole week for us?

DR. BEEMAN: No, no, it's the next day.

MS. WHITEHEAD: And the flagship site in California would be Palo Alto

(Simultaneous speaking.)

MS. DICKSON: -- VISN 20 which is Oregon, so Puget Sound is --

MS. WHITEHEAD: Palo Alto is the flagship.

MS. DICKSON: Palo Alto is the

flagship.

(Simultaneous speaking.)

CHAIR LEINENKUGEL: Done.

MS. HICKMAN: Palo Alto it is, October.

(Simultaneous speaking.)

MS. HICKMAN: Did you not jump in fast enough?

(Simultaneous speaking.)

CHAIR LEINENKUGEL: Palo Alto for a number of reasons. Number one, I've never been there, and I've heard for 18 months so much about Palo Alto. The biggest thing is flagship sites and trying to get to flagship sites that have everything --

MS. HICKMAN: At least a couple of them, so you can get an idea of what it is.

(Simultaneous speaking.)

CHAIR LEINENKUGEL: We were sidebarring about December, and I think December is, like, the 5th and 6th right now, yes. And we wanted to keep three sites in mind

for various reasons. One is New York because New York, New York is pretty cool during Christmastime -- if you have a spouse there, you want to bring your spouse with you. You've got the shopping. You've got the lights. You've got New York.

Also, there's a lot going on from a political factor. Some heat is coming from New York losing some capability, I believe, in one of their centers. I think it might be the Bronx. So, Sheila, can you research that, the status of the VAMCs? I believe there's three of them in New York. I have not been to any of them. So just a status report, if you would, on New York.

The second one would be Boston. Boston is the hub of everything good within health care right now. We have a fabulous VA there. It's connected to the universities. So I think that that's sort of a must for all of us to get together.

And then the third is the fallback

for D.C. as well. I mean, you've got D.C. in the wintertime with the tree up and whatever. But we've been here, done that. Yes, Tom.

DR. BEEMAN: A suggestion sometime in the future. I talked to Dr. Murphy about this. The National Intrepid Center of Excellence which has a very large meeting facility and parking and there's a Hyatt that I know has government rates just, like, a block away. So it's at Bethesda, would be very open -- so it's just something to think about, and it would be fairly convenient, not too far from D.C.

CHAIR LEINENKUGEL: Not at all. That's a great idea.

DR. MAGUEN: I think it's a great idea too.

DR. BEEMAN: And they'd love to host us. I know that. And you can see the program there.

(Simultaneous speaking.)

CHAIR LEINENKUGEL: So we'll think

about those three locations, and we'll put Bethesda in versus D.C. But it's New York, Boston, Bethesda -- or New York. We might have to have a voting protocol on this one because they're all three good choices. But as of right now, October is going to be set with Palo Alto.

DR. MAGUEN: We have a request right behind you.

MS. MCMAHON: Just as the travel kind of policy person, and I hate to be this way, but the VA is very strict on where you can travel, and it has to be justified. For instance, San Francisco is one of the most expensive places, and New York, to go and visit. So there really has to be justification of where we go.

CHAIR LEINENKUGEL: Here's the justification. I'll give it to you. It's the COVER Commission. Enough said. Trust me.

MS. MCMAHON: Okay.

CHAIR LEINENKUGEL: All right.

DR. MURPHY: Let me ask a question.

CHAIR LEINENKUGEL: If it's a flagship site, if it's pertinent and relevant for a site visit, the expense is secondary in my opinion with the diligence that we are putting in as Commissioners being unpaid for the services that are rendered. That's how I would approach it with the Secretary.

And there's a bigger reason for us going to these sites, and that's to connect with the staff. Anytime we go outside of D.C. going forward, we are going to be doing a protocol that I will list because it's the same protocol that I use. It's a VISN director, a VAMC director. Once it's being cleared through Casin Spero, through the Chief of Staff at VHA who's Larry Connell, through Richard Stone who is now the new acting USH.

So I will use that protocol to make sure that you're covered, you're not going to get the heat, and that we, as a Commission, are doing the right things. If the USH says let me

talk to the Secretary about that, then the Secretary and I and the USH will have a conversation about any site location.

On top of that, when we go in, we have Commission work that we do. But we naturally, as what we should do professionally, is invite the VISN director. Whether or not he or she shows up is up to them. We invite the VAMC director or directors depending on the scope of the size of the market. New York would be three -- or San Francisco would probably be two.

DR. MAGUEN: Right. So yes, that's right, Palo Alto and San Francisco.

CHAIR LEINENKUGEL: And so if they're all related, all site locations need to be evaluated in some shape or form so we would either -- my preference is do at least a two-hour site visit.

It does two things. It shows the presence of Commissioners actively engaging staff and Veterans at a location. So that is

money in the bank compared to us listening to five hours of very pertinent information, but to be on site and be visible and interact with Veterans and staff is money in the bank.

I mean, that's how I learned the VA system. I didn't learn it from sitting in and hearing what we've heard the last two, but you have to touch and feel it. And then you have to listen to that male or female Veteran, and we'll all take that time and hear their personal stories, and I'm sure you all have. I know you have because you've worked there for a long, long time. But you know what I'm talking about, and I think that everybody as a Commissioner understands that, that being visible, being proactive, having a personal touch means everything.

And so just it's a long-winded way to justify why we're doing certain things. And certainly, if I was the Secretary, I would question us going to Hawaii. All right? I would probably question us going to Alaska. I

would not question a subcommittee going to some location as long as it fit the parameters of the mental health efficacy scope, right?

So, yes, to hold a large meeting, I understand that there's parameters and budget concerns. I also would hope that the government has done its job in negotiating rates because they're pretty darn good at it with major hotels, whether it's a Marriott or a Hyatt or a Hilton, I know that the government has done a great job of doing that. So I would hope we would get decent rates. Either that or I'll go to a cheap hotel and get a better one.

MS. HICKMAN: And we really want to try to use the hospital or the medical center itself for the conference's areas so that we can actually be visible and see what's going on there instead of paying the extra at a hotel.

CHAIR LEINENKUGEL: Let me talk to you. The government does a great rate. I'm going to tell you a story because I grew up in a very frugal German background. And I checked

the rates for the Hilton on CheapHotel.com. And I thought that for D.C., the 175 rate I thought was as low as you're going to go. For our time here, Expedia.com pushed an 108 rate. So, so much for government-negotiated rates.

(Laughter.)

(Simultaneous speaking.)

CHAIR LEINENKUGEL: You just wonder sometimes how that works. And what surprised me, it's high season. And that rate popped up, I'm going, seriously, so yes.

MS. DICKSON: One thing I wanted to bring up, and we quickly jumped on Palo Alto. But the SAIL data, you may want to consider that when you're picking your site. Maybe not for Palo Alto, but take a look at that and see. Palo Alto actually is not very high on the SAIL data. So they may have a great flagship program, but other stuff may not be that great there. So I don't know.

MS. MCMAHON: But I think that's important to see as well. I mean, you don't

want to see the --

MS. DICKSON: Right, so just to know that on the front end, I guess. Whatever or wherever you all want to go, but just to know that that SAIL data, there's important research--

MR. ROSE: Question, what is SAIL data, please?

MS. DICKSON: Oh, SAIL data? SAIL is an evaluating -- metrics that were set up by VHA to try -- and it's all relative ranking. So it ranks the facilities in order of how well they're doing on these different performance criteria. Some of it's quality. Some of it's access. There's five or six different separate requirements and mortality rates, that sort of thing. And they rank the facilities.

And so the last facility on the list may only be one-half a percentage point worse than the facility that's next to the last on the list. And they may all be not so bad. So it's a relative ranking. But Palo Alto is not

high on that list. So I just --

MR. ROSE: But it's a rank?

MS. DICKSON: It's a rank, yes.

MR. ROSE: Yes, but I mean --

CHAIR LEINENKUGEL: It's an internal --

MR. ROSE: Yes.

CHAIR LEINENKUGEL: -- ranking system.

MS. DICKSON: It's internal, and they're quality measures that every facility is working on to make sure that they're doing a good job on those measures. And some facilities do an awful lot better at those. And sometimes it's not very -- I mean, sometimes it's just data. It's data. So it may just be a reflection of how well that facility codes the work that they do as opposed to the work not being that great.

DR. MAGUEN: How is it for San Francisco in the SAIL?

MS. DICKSON: They're in the lowest

group.

DR. MAGUEN: Oh, dear. Okay.

MS. DICKSON: Oh, for Palo Alto.

DR. MAGUEN: No, sorry, for San Francisco?

MS. DICKSON: Well, I can't remember off the top of my head.

DR. MAGUEN: Okay.

MS. DICKSON: I just knew -- I was shocked when I saw Palo Alto's. In the systems redesign world, we hear about Palo Alto all the time.

DR. MAGUEN: Right, right.

MS. DICKSON: That just surprised me. (Simultaneous speaking.)

DR. MAGUEN: Wow, good to know.

MS. DICKSON: Yes, so I didn't go into it deeply enough to tell you why. But just I went through the list and they were way down.

DR. MAGUEN: It's tricky too because I wonder, like, to what extent -- maybe we

should do more research about what we can see if we go there, like in terms of their whole health program and them being a flagship site. The nice thing is if we do go there, we get to see that and the San Francisco VA probably. So we'll get to do two --

MS. DICKSON: Right.

DR. MAGUEN: -- in one visit. And you guys can see and meet sort of the integrated health team, and they're hiring a bunch of new people. And you can hear about those plans.

MS. DICKSON: And, you know, the SAIL data may not be anything that the Commission even wants to be swayed by. But I just wanted you all to know that that data is there.

CHAIR LEINENKUGEL: We could talk SAIL data for five more hours and still end up --

MS. DICKSON: We can talk SAIL data --

CHAIR LEINENKUGEL: -- in the same place.

MS. DICKSON: -- for a month and still try to -- we wondered what the heck it means, you know. It's a weighted scaling system, so it's very complicated.

CHAIR LEINENKUGEL: We won't even talk about it anymore.

MS. DICKSON: All right.

CHAIR LEINENKUGEL: How's that?

MS. DICKSON: We won't talk about it anymore.

CHAIR LEINENKUGEL: But for the good of the order, is there any other business at this time from the first session of the COVER Commission? If not, I want to thank you all as Commissioners for being active participants, for being who you are, and safe travels back home.

Jamil, your time was up. You missed your opportunity.

(Simultaneous speaking.)

CHAIR LEINENKUGEL: I know you want us to buy the staff pizzas going forward. Okay. I got that point.

DR. KHAN: I want to thank this special staff in the back. We owe so much to you and your services and what you're doing and what you're helping. Without you, you're the backbone of this group. So I'm not taking your thunder away. I just want to make sure.

And I make a motion to the Commissioners that from now in every meeting when we meet as a group and the staff is there, to treat the staff during lunch. There's no budget available. But we can pitch in and have a pizza, vegetarian, whatever wish is out there, and a root beer for them.

(Laughter.)

(Simultaneous speaking.)

CHAIR LEINENKUGEL: Well, do I hear a second?

DR. BEEMAN: Second.

CHAIR LEINENKUGEL: Any further

discussion? Approved.

(Simultaneous speaking.)

CHAIR LEINENKUGEL: Are we within the ethical boundaries?

(Simultaneous speaking.)

CHAIR LEINENKUGEL: Well, we need some discussion points.

(Simultaneous speaking.)

DR. JONAS: Well, I want to thank Jake for all your leadership here. I think -- I mean, we heard all around here how far along we are on this, and that's because of your organization and your leadership. You're sticking to the time. So thank you very much. I've seen a lot of work.

(Simultaneous speaking.)

CHAIR LEINENKUGEL: It's a great group. And as I said, this is going to be fun. It's going to be exciting. It's going to be an adventure.

And there's no doubt in my mind that this Commission is going to have actionable --

definitive, actionable suggestions and recommendations that are going to make a difference for our Veterans' mental health. There's no question. So I'm so happy that all of us are together, and we're going to be adding Tom for sure and two others. I know that Casin and some folks are working on right now.

So again, it'll still be what I consider a manageable, intimate group compared to the 16 to 20 that some commissions. And if you look at anything on past practices of commissions, when you get over 12, the results go down dramatically as far as what suggestions and recommendations are actually implemented. So there's a direct correlation, either private or public sector. So it's interesting when I researched efficacy of commissions that this one, I think the seven, eight of us right now felt really good. I think two more will be just more than enough, right?

Safe travels, everyone, and we'll

see you. And let's stay connected, and let's get the MAX up.

(Applause.)

(Whereupon, the above-entitled matter went off the record at 4:04 p.m.)

X

Thomas (Jake) Leinenkugel
Chairman, COVER Commission

Comment [DK(]: Signature block is here

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

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CREATING OPTIONS FOR VETERANS'
EXPEDITED RECOVERY (COVER) COMMISSION

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OPEN SESSION

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WEDNESDAY
JULY 25, 2018

+ + + + +

The Commission met in the South American A/B Room of the Capital Hilton, 1001 16th Street, N.W., Washington, D.C., at 8:00 a.m., Thomas Jacob Leinenkugel, Chair, presiding.

PRESENT

THOMAS JACOB LEINENKUGEL, Chair; Senior White House Advisor-VA

THOMAS E. BEEMAN, Ph.D., Rear Admiral, U.S. Navy (Ret), Co-Chair; Executive in Residence, The University of Pennsylvania Health System

COLONEL MATTHEW F. AMIDON, USMCR, Director, Military Service Initiative, George W. Bush Institute

WAYNE JONAS, M.D., Executive Director, Samueli Integrative Health Programs

JAMIL S. KHAN, U.S. Marine Corps (Ret)

SHIRA MAGUEN, Ph.D., Mental Health Director of the OEF/OIF Integrated Care Clinic, San Francisco VA Medical Center

JOHN M. ROSE, Captain, U.S. Navy (Ret), Board Member, National Alliance on Mental

Illness

ALSO PRESENT
SHEILA HICKMAN, Designated Federal Official
SHANNON BEATTIE, MPH, Senior Project Analyst, Sigma Health Consulting, LLC
LUIS CARRILLO, VHA Administrative Support
FERNANDA CARRION, Junior Project Analyst, Sigma Health Consulting, LLC
YESSENIA CASTILLO, Senior Consultant, Sigma Health Consulting, LLC
KRISTIANN DICKSON, VA Support Team Project Manager; Alternate DFO
BETH ENGILES, Senior Manager, Sigma Health Consulting, LLC
HEATHER KELLY, Ph.D., American Psychological Association
LAURA McMAHON, Contracting Officer Representative; Alternate DFO
FRANCES MURPHY, M.D., MPH, President and CEO, Sigma Health Consulting, LLC
PETER O'ROURKE, Acting Secretary, Department of Veterans Affairs
STACEY POLLACK, Ph.D., Alternate DFO
ERIC RODGERS, RN, FNP, Ph.D., BC, Director, Evidence Based Practice Program, Office of Quality, Safety & Value, Veterans Health Administration
PAULA SCHNURR, Ph.D., Executive Director, National Center for Posttraumatic Stress Disorder
DREW TROJANOWSKI, Special Assistant to the President for Domestic Policy
ALISON WHITEHEAD, Alternate DFO

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P-R-O-C-E-E-D-I-N-G-S

8:05 a.m.

MS. HICKMAN: Okay, good morning and welcome to Day Two of the COVER meeting. I'm going to read the opening statement this morning for the Designated Federal Officer.

Good morning. My name is Sheila Hickman. I am serving as the Designated Federal Officer for this meeting today. This is Day Two of the first meeting of Creating Options for Veterans' Expedited Recovery Commission, or COVER.

The COVER Commission was established as required by Section 931 of the Comprehensive Addiction and Recovery Act of 2016, Public Law 114-198 and operated under the provisions of the Federal Advisory Committee Act, as amended, 5 USC Appendix 2.

Public notice of this meeting was given in the Federal Register on July 15th, 2018. This morning's session from 8:00 a.m. to 12:00 p.m. is open to the public. Please note

that we have three sign-in sheets, one for members of the public in attendance at this meeting, and another for those who wish to make a public comment at this meeting, and one for those participants on the phone. We'll also have one that we'll move around for the commissioners to sign also.

In addition to speaking during the public comment period, members of the public may also submit written comments. This meeting will be chaired by Mr. Jake Leinenkugel while in session, and during the meeting of this committee, members of the public are asked not to make comments during briefings or commissioner discussions. Questions and comments from the public must be made during the public comment period.

Minutes of the meeting are being taken, and anything said during the meeting or submitted in writing before, during, or immediately after the meeting will be available to the public. This meeting is on the record.

In closing, to summarize, public notice of this meeting was published in the Federal Register; a DFO is present; a quorum of the COVER is present and in person; and an approved agenda for the meeting has been established and the meeting will adhere to this agenda. Anything said during the meeting is on the record.

During this break, I will ask individuals on the phone to record their names. Before the meeting begins, does anyone have any questions about what I have just said?

No? The primary statements are now concluded, and I now invite the COVER Chair, Jake Leinenkugel, to call the meeting to order.

CHAIR LEINENKUGEL: Thank you, Sheila. Day Two of the COVER Commission is now called to order, and I would like to welcome the commissioners back after a very interesting and getting-to-know-each-other, first-day session, and also the importance of this commission that not only has the eyes of the

White House, the Hill, now VSOs, from a few that have pinged me over the last 24 hours, and also members of the general public.

So I think, going forward from what we saw yesterday presented and what our charge is with the COVER Commission, we're going to see a lot more activity and responses back to what our mission is.

So if I may, let's spend a brief time just doing an open review between the commissioners to get up to speed on what was covered yesterday, because it was a jam-packed day, and there are a lot of things we need to get in front of us, get comfortable with, as far as knowing what the VA has done in the past, what they're currently doing, and what the future VA is going to look like as far as caring for the mental health of our Veterans and our Veteran population.

So we certainly started out with why we're all here as commissioners, and the importance of the Comprehensive Addiction and

Recovery Act, which is the CARA Act, signed in 2016. Our charge from that act, which is about seven pages towards the end of the CARA legislation, really Sections 931, that everybody went over in detail yesterday, and we'll conclude today with basic sign-offs and workouts of each commissioner being assigned certain sections that the co-Chair, Tom Beeman, and I, will work with to develop with all the commissioners and get actively involved prior to the next month's meeting.

So we had a lot of great people in yesterday, as far as giving us our charge as far as the background that the VA and the current health care, health care services within VHA, a broad overview of the mental health.

We also had the VA whole-health system and complementary and integrated health care, that we ended the afternoon with yesterday, along with the presentation on the National Academy of Medicine Study, which we

all found to be very interesting, and also discovered that this was just released, I believe, as of January of this year, and a lot of the findings, I think, will become very relevant to portions of what we're going to be talking about when you're looking at the COVER Act for what we need to really be working into for the next 18 months.

So just so the general public knows, this commission began yesterday, and we have an 18-month period to complete this. So if you're looking at a calendar, you're going out until about December of 2019, which seems like a long ways away.

As the commissioners discussed yesterday, we've been involved in doing some of these things in the past, and we know that that's a very condensed period of time to do all of the items that are requested of us, to uncover and then make suggestions to make sure, again, that the VA has the proper resources, that the VA has the proper tools and mechanisms

in place, has the proper people in place; that the VA possibly needs to reconsider their approaches in mental health care, and we're going to look at what some of those approaches may be to assist in making recommendations and suggestions in that report out December of 2019.

So I think that basically concludes the recap of the major subjects that we started to tackle yesterday, so I wanted to transition immediately into the commissioners at this point, with their personal comments. As a reminder, these directional microphones are very simple to work; all you have to do is, like me, I have to remember to press the button.

Also, please put the microphone right in front of you, because they are directional, and if you lean back, we're going to lose a little bit of sound, and we want to make sure we capture everything for the transcription of all notes and meeting minutes.

So at this time I'm going to open it to the commissioners. If you have any insights into your point of view as to, number one, reason for being on the COVER Commission; number two, the scope of the COVER Commission and what was covered yesterday, and an overview of the presenters. I think it would give all of us and the general public a feel for the depth of what we did on Day One.

DR. BEEMAN: Thank you, Mr. Chairman. Tom Beeman, I'm delighted to be a member of the commission. When I was in active duty in the Navy, I had the privilege of being Assistant Deputy Surgeon General in command of the National Intrepid Center of Excellence as it opened. That gave me an opportunity to see some of the challenges we have in treating our warriors and the commitment that we have, and really the moral obligation and the ennobling of our work to serve these incredible women and men.

What I was impressed about yesterday

was not only the scope of the work, which seems daunting when you start, but I was impressed by the level of knowledge that the VA leadership has in this area, and really the many programs that are already extant.

I think the opportunity here is for the largest health care system arguably in the world to help set a standard for the way mental health is done throughout the world, particularly throughout the United States. So I think that this commission has an opportunity to work with the VA to put a stake in the ground and say, This is the way people should be cared for in mental health services.

We know as a nation we've really underserved that community, and now is an opportunity to really double down and to look at it and to really take our resources and marshal them to do the right thing for the people that we serve. Thank you.

CHAIR LEINENKUGEL: Thank you, Tom. I think that was a great synopsis. Anybody

else at this point?

COLONEL AMIDON: Mr. Chair, good morning. Matt Amidon from the George W. Bush Institute. I as well am deeply honored to be a part of this. I think I agree with you, Mr. Beeman, that not only is this the moral thing to do, but this is a national security imperative, because as we treat our Veterans, this is a direct plumb line back to the quality of an all-volunteer force.

Additionally, this is an issue of global competitiveness as we optimize our returning Veterans and their families, we can certainly leverage them as the national assets that they are. So I was very, very impressed with the VA presentations yesterday. I, too, agree that this is a wonderful platform to define and articulate what right can look like.

My question and challenge would then be, how do we distribute what that right looks like to a nation of effort, considering that perhaps the majority of our Veterans are not

partaking of VA health care? Can we be the exemplar, but ensure that that exemplar is distributed to others who can capture those best practices?

CHAIR LEINENKUGEL: Yes, thank you so much, Matt. I think that, again, the general public needs to know a very important thing that you just said, and that is that the majority of Veterans do not use VA mental care or VA health care in general.

I think the number that we heard yesterday is correct, because I've heard it for 18 months now: Out of the 22 million American Veterans alive in America, highest all-time ever, only nine million of them are enrolled, and 6.2 million of them are unique users. So when you're doing the math on that, you're looking at about 70 percent that are not getting or obtaining VA care.

Then I want to jump on what you just said, Matt, on top of what Tom just said. From what we've seen -- and I think I've known and

felt for the last 18 months -- when the Veterans get VA care, that subgroup of about 30 percent of the total population, really enjoy and like that care in most cases. I think that's a big thing that is missed in today's conversation as a whole.

That being said, I think that both you and Tom gave a real good synopsis of yesterday, but I would like that each commissioner to put themselves on record for their purpose for being, and also, yesterday's sessions.

MR. ROSE: Mr. Chairman, Jack Rose. I think this is a tremendous opportunity and truly an honor to be part of this commission. As a Navy Veteran myself, and as a mental health advocate, we need to go forward in this area.

It's truly something that we need to look at, the whole person, the whole healing process; it's not just medication. It goes beyond that. Therapy is extremely important,

but you need to get into some of the different, holistic types of approaches that have been truly effective.

We have seen examples in the VA right now where this is working. So I think we need to expand on that, and as a commission, I think part of our charter, we need to really look at it, and we need to be true stewards of the resources that we have. Truly, as we go forward, the VA can lead the charge on this; they really can.

They have a huge amount of assets, resources, truly professionals. They have a real base of mental health professionals, and they have a source for those professionals. These need to be used really for the benefit of our Veterans. We owe it to our Veterans for their entire lives, and I think it's just a tremendous opportunity to make this happen. Thank you.

CHAIR LEINENKUGEL: Thank you very much, Jack.

DR. JONAS: Yes, thanks. It is a great honor to be on this commission and to contribute to try and do right by our Veterans. It is the military and the Veterans that actually allow us to enjoy the freedoms and the great country that we live in here. They sign an obligation when they sign up, and they defend the country. We have an obligation to return that to them, and this is part of fulfilling that obligation.

I think in addition to that -- it's been stated -- I think we have an opportunity here to reset health care in the U.S. in general, and I think we need to do that. We know, for example, that in the United States, we spend over twice as much as any other country on health care, and the costs are going up to where they're unsustainable.

Twenty-five percent of our GNP may be spent by 2025 if the current inflation rate occurs. In addition to that, the value is going down. The main outcomes, if you look at

the general outcomes across the population, population health outcomes are declining over the last 30 years. So we're not getting value for what we're paying in health care in general.

So to simply say that we need to cover more of what we're doing is not the answer. We have to do it differently, and I think that some of the examples that we saw yesterday illustrate the direction that we need to go in order to do it differently.

As Jack said, we need to have a more whole-person model. Most of health comes from outside the health care, so we have to have a system that reaches out into that community and changes people's lives, and then links that back with prevention, chronic disease management. Only that type of thing will be able to sufficiently address mental health issues, pain and opioid epidemic issues that we have today.

So I think this commission has an

opportunity to reset health care in general, and if we do it right for the VA and the community, then we'll do it right for the nation. So it's a great honor to be able to contribute to that.

CHAIR LEINENKUGEL: Thank you, Wayne. Very good point. Shira?

DR. MAGUEN: Thank you. First of all, it's an absolute honor to be a part of this. As someone who has worn both a clinical hat, a research hat, and a training hat in the VA system for many years now, I'm very honored to be part of this. I also feel that the VA has really been a leader in leading the mental health charge for our Veterans and have been so impressed with what I have seen. I'm excited to bring that to the commission and kind of dig into the details.

I also agree that the direction that we're going is so exciting. I really loved the whole-health movement transformations that I have seen, working in the system, and how

that's really made a big impact. I think that this commission really has a chance now to impact how we move forward, and I'm also very confident, from what I've heard from the commissioners so far, that we each bring a really unique piece to this and can contribute in ways, as a whole, that can transform how we move forward.

So I'm thrilled to be a part of this and look forward to working with all of you on this really important work.

CHAIR LEINENKUGEL: Thank you so much, Shira, very well stated. Jamil?

DR. KHAN: Mr. Chairman and fellow commissioners, as a user of the VA, I've been, as we call it in our language, in the foxholes. One of the things that I have so far missed from any briefers, and I would like to stress it, is the Keep it Simple, Sir principle.

We have to look at the basics. One of the basics in the VA is why the Veterans are not getting in there, and one of the major

difficulties is getting the disability rating. The voices you hear who are saying we are great, the majority of them are those who are 100 percent disabled, or 70 percent plus. They are treated like royalty in the VA system.

But those 70 percent who are not coming in, they are rated 10 or less than 10 percent. That rating system needs to be fixed, and I think this is a venue where we can decide on things we are going to do to bring those Veterans back into our holy ground. We need to give them the opportunity to do it. So that rating system needs to be fixed. That's the biggest flaw within the VA. Thank you, sir.

CHAIR LEINENKUGEL: Thank you, Jamil. Now that you've got a broad scope from the general public's standpoint as to the commissioners and the various backgrounds and opinions and fact-based upbringing that we've had in various other jobs and commitments, whether it's on a clinician side or a business side, that first and foremost, we do care about

Veterans. In most cases, we are all Veterans, and we have, as Wayne and Tom and everyone has stated, along with Matt, we have a charge to the nation that anybody who has served in uniform for this country, we have the absolute first and foremost reason for making sure they get the best quality care with quality outcomes.

This commission is really focusing on the mental health, and when you look at the broad-based and evidence-based things that the Veterans are being treated with now, as Jack brought up, there is a whole host of alternative therapies that are being explored, in some cases by the VA right now, ahead of the general public in a health-care basis.

But more importantly, there's a lot of other things that we need to raise that should be either researched, looked at, debated, or discussed as being holistic or different type of approaches towards care. Because it's not just the mental health of the

Veterans, we're seeing this as a national issue. As Wayne and Tom stated, and Matt again, and certainly Shira from the clinical side -- we know that this has a broader implication, not just to Veterans, but to the health care of the general public.

So that being said, I think we had a real good overview of what happened yesterday, the perspectives from the commissioners, giving everybody a sense for who we are and how serious we take our duties and the charge of the COVER Commission.

So we are going to move on to the first presentation today, which is extremely relevant because it's really charge one of the COVER Commission, taking a hard look at what is the current integrated -- or, I'm sorry, the current evidence-based approaches that are used and implemented within the VA for Veterans' mental health care.

We have two great people on board today that are going to be presenting, and it's

Eric Rodgers and also Paula Schnurr. Again, we have their bios, but just for the general public's sense, I want to put on record their backgrounds because they have terrific backgrounds. They are great folks, and they are going to give us the overview of evidence-based.

That being said, let me introduce Eric Rodgers first, who has over 40 years of experience in nursing. He is currently the director of the VHA Evidence-based Practice Program, Office of Quality, Safety, and Value. In this position, he is responsible for the policy, program planning, and carrying out of the VA and DoD evidence-based clinical practice guideline program for both VHA and DoD facilities. He is also a VA primary-care provider and a University of Colorado faculty practice provider.

His past military and civilian positions include chief nurse executive, regional director for a large non-profit health

care system, private practice, research director, company commander, nursing faculty, nursing education director, and staff nurse. He is one heck of a nurse. So thank you, Eric, for being on board.

And at this time, Dr. Paula Schnurr as well. Paula is the executive director of the National Center for Post-Traumatic Stress Disorder and previously served as deputy executive director of the Center since 1989. She is a professor of psychiatry at the Geisel School of Medicine at Dartmouth and editor of the Clinician's Trauma Update Online.

She received her Ph.D. in experimental psychology at Dartmouth in 1984 and then completed a post-doctoral fellowship in the department of psychiatry at Geisel School of Medicine at Dartmouth.

She has a lot of other things in this great bio, but the main thing is her most current grants are comparative effectiveness trial of prolonged exposure and cognitive

processing therapy and a validation of the primary care PTS screen for DSM-5.

So nice to have the balance between Dr. Eric Rodgers and Dr. Paula Schnurr with us today.

DR. RODGERS: Well, good morning, and thank you, Mr. Chairman and commissioners. I do appreciate this opportunity to give you the overview about the VA and DoD evidence-based practice, clinical practice guideline development program. Great introduction, I appreciate that.

A little bit more, I've been with the VA system now -- this is my 21st year as of this month, and as you can tell from my bio, I'm an Army Veteran myself, having served enlisted as a combat medic and eventually switching sides and becoming a Nurse Corps officer. So I always keep that perspective in my daily work that it's the Veterans that we are caring for, and I understand that.

I've been with the Evidence-based